

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/576033

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54	1					
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10							60		1				
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65		1				
16							66		1				
17							67		1				
18							68						
19							69						
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32							82						
33							83						
34							84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	30					
TOTAL CLAIMS							TOTAL CLAIMS	33					